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SENSITIVE  
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E.O. 12958: N/A  
TAGS: [SENV](#) [TBIO](#) [ECON](#) [SN](#)  
SUBJECT: DENGUE FEVER EPIDEMIC: NOT YET PEAKED?

REF: 04 SINGAPORE 2984

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¶1. (SBU) The number of Singapore's dengue fever cases decreased recently after briefly crossing the Ministry of Health's (MOH) "epidemic threshold" of 378 cases per week in mid-June, according to press reports. However, there are concerns that the current outbreak is far from over. Hospitals reported a total of 349 cases from June 17-23, significantly lower than the 401 cases reported from June 10-16. Three dengue-related deaths have occurred in 2007. The National Environmental Agency (NEA) has responded with both mosquito eradication and public outreach campaigns, including mailing information kits to all of Singapore's 1.2 million households. RMO and CONS have had no reports that the outbreak has directly affected the American community, but we have heard anecdotal accounts of cases at Singapore American School. We are including a reference to dengue fever in a revised Consular Information Sheet for Singapore.

¶2. (SBU) Dr. Annelies Wilder-Smith, Associate Professor at the National University of Singapore and the Director of the Traveler's Health and Vaccination Center, told Econoff that recent rain and the unusual prevalence of serotype-2 dengue (more common in Malaysia) may be to blame for the increased number of cases this year. Unlike malarial mosquitoes, dengue mosquitoes (*Aedes aegypti*) prefer to breed in clear, standing water. A wet May and June has provided ample opportunity for water to collect in various containers around the island, Wilder-Smith explained. Serotype-1 dengue is typically the more prevalent strain in Singapore, so many Singaporeans, especially children, have not built up an immunity to serotype-2, resulting in more hospital visits. Wilder-Smith praised Singapore's prompt and widespread reaction to the outbreak. However, in the absence of a vaccine, dengue is a very difficult disease to control, she said. Agri-Food and Veterinary Authority (AVA) officials told us that outsourcing to private companies of previously government-run control efforts might have accounted for some of the increase in dengue-carrying mosquitoes. They cited what they claimed were the less rigorous methods of these companies as a problem.

¶3. (SBU) There is no treatment for common dengue "fever", but physicians monitor certain patients for possible dengue hemorrhagic fever or dengue shock syndrome, which can be fatal. MOH uses a platelet count to identify at-risk patients. A low count automatically triggers a hospital stay, Wilder-Smith said. However, such monitoring efforts can strain the healthcare system. For example, MOH had to lower its trigger level after being inundated with cases during an outbreak in 2004, during which hospitals were forced to remove other patients in order to make room for dengue cases.

Comment

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14. (SBU) Singapore's impressive media blitz and full-scale deployment of eradication teams are typical of the government's reaction to domestic emergencies. In the case of dengue, the response may have as much to do with the bottom line as with health concerns. While dengue's mortality rate is low, its morbidity costs are very high and can impose a heavy burden on the healthcare system, as evidenced by GOS willingness to modify its "at-risk" definition. Additionally, Singapore clearly would prefer to avoid any negative impact on its important tourism sector. We will continue to monitor the situation and report as events warrant.

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